



NOTICE OF JOB OPENING

CERTIFICATE NUMBER: _____
 APPLICANT SSN: _____
 DATE SENT: _____

Your name has been referred to us by the Iowa Department of Administrative Services – Human Resources Enterprise for consideration for employment in the job class of _____. If you are interested in arranging for an interview, contact the person listed below for further instructions. If you are not available for this job, complete the AVAILABILITY SECTION only and return this form to the address listed below.

NAME _____
 AGENCY _____
 ADDRESS _____
 PHONE _____

DO NOT APPEAR FOR AN INTERVIEW BEFORE MAKING ARRANGEMENTS

AVAILABILITY

IF YOU ARE NOT INTERESTED OR AVAILABLE FOR THIS POSITION, COMPLETE THIS SECTION AND RETURN THIS FORM TO THE ABOVE ADDRESS. FAILURE TO RETURN THIS NOTICE WITHIN FIVE WORKING DAYS WILL RESULT IN YOUR REMOVAL FROM THE LIST OF ELIGIBLES FOR THIS JOB CLASS.

- ☐ I am not interested in employment in this job class, REMOVE my name from the eligible list.
☐ I wish to REMAIN on the list of eligibles; however, I am not interested in this particular position because:

 Signature: _____ Date: _____

PLEASE COMPLETE THIS ABBREVIATED EDUCATION AND EXPERIENCE RECORD TO ASSIST US IN THIS INTERVIEW PROCESS. IF YOU ARE SCHEDULED FOR AN INTERVIEW, YOU MAY BRING A RESUME IN ADDITION TO THIS INFORMATION.

EDUCATION

Did you graduate from high school? Yes ☐ No ☐ GED? Yes ☐ No ☐

Name & Location of Schools or training beyond high school (business, trades, technical, military service)	Dates Attended	Qtr. or Sem. Hrs.	Major	Minor	Degree

The State of Iowa is an Equal Opportunity and Affirmative Action Employer. Qualified applicants are considered for all positions without regard to race, color, national origin, sex, religion, age, physical or mental disability, or marital status.

EXPERIENCE

(attach additional sheets in this format as necessary)

Employer:	From	To	Duties:
Supervisor's Name & Job Title:	Mo. Yr.	Mo. Yr.	
Your Job Title:	Check: Full time <input type="checkbox"/> Part time <input type="checkbox"/>		
Number of people supervised: _____	If part time, give hours worked per week: _____		

Employer:	From	To	Duties:
Supervisor's Name & Job Title:	Mo. Yr.	Mo. Yr.	
Your Job Title:	Check: Full time <input type="checkbox"/> Part time <input type="checkbox"/>		
Number of people supervised: _____	If part time, give hours worked per week: _____		

If a license or certificate is required to practice a trade or profession for which you have applied, complete the following:

Name of Trade or Profession: _____ License Number: _____
Issued by: _____ Specialty: _____ Expiration Date: _____
Endorsement Numbers: _____ Approval Numbers: _____

Do you possess a valid Iowa Drivers License? Yes ☐ No ☐

Do you possess a valid Iowa Chauffeurs License? Yes ☐ No ☐

Do you possess a valid Iowa Commercial Drivers License? Yes ☐ No ☐

PLEASE READ BEFORE SIGNING

I certify that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I understand that should investigation at any time disclose any misrepresentation, my application will be dismissed from state service if employed, and I will be disqualified from applying for any other position under the jurisdiction of the Iowa Department of Administrative Services – Human Resources Enterprise. I also understand that in compliance with Iowa Code Chapter 22, information on this application will be available to the public upon request.

SIGN HERE IN INK: _____ DATE: _____